Case 20-10594-pmm Doc 24 Filed 06/23/20 Entered 06/23/20 15:26:33 Desc Main Document Page 1 of 4

Filli	in this information to	identify your ca	ase:								
Deb	otor 1	Keith E You	ng			_					
1	otor 2 use, if filing)					_					
Unit	ed States Bankrupt	cy Court for the	: EASTERN DISTRICT	OF PENNSYLVANI	A	_					
Cas	se number 20-1	10594					Ch	eck if this is	:		
(If kn	own)			-				An amend	ed filing		
										g postpetition ollowing date:	
<u>Of</u>	ficial Form	<u> 1061</u>						MM / DD/	YYYY		
Sc	chedule I: \	our Inc	ome								12/1
Par	t 1: Describe	t to this form.	r spouse is not filing wi On the top of any additi								
1.	Fill in your employment information.			Debtor 1				Debtor	2 or non-fi	ling spouse	
	If you have more than one job, attach a separate page with information about additional employers.		Employment status	■ Employed			☐ Employed				
			Limployment status	☐ Not employed			☐ Not employed				
	• •		Occupation	appliance sales specialist			-				
	Include part-time, self-employed wor		Employer's name	Lowe's Home I	mprove	men	ts				
	Occupation may in or homemaker, if it		Employer's address	2650 Macarthu Whitehall, PA 1							
			How long employed to	here? 4 mont	ths						
Pari	t 2: Give Deta	ails About Mor	nthly Income								
	mate monthly inco		ate you file this form. If	you have nothing to ı	eport for	any	ine, w	rite \$0 in the	e space. Inc	clude your no	n-filing
	u or your non-filing s e space, attach a se		ore than one employer, co	ombine the information	on for all e	emplo	oyers f	or that pers	on on the lir	nes below. If	you need
							For [Debtor 1		otor 2 or ng spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$		2,800.00	\$	N/A	-
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	-
4.	Calculate gross I	ncome. Add lir	ne 2 + line 3.		4.	\$	2	,800.00	\$	N/A	

Debt	or 1	Keith E Young		_		Case	number (if k	nown)	20-1	0594		
							Debtor 1		nor	Debtor	spouse	
	Cop	py line 4 here		4.		\$_	2,80	0.00	\$_		N/A	_
5.	List	t all payroll deductions:										
	5a.	Tax, Medicare, and Social Securi	ty deductions	5	a.	\$	60	0.00	\$		N/A	
	5b.	Mandatory contributions for retir	ement plans	51	b.	\$	(0.00	\$		N/A	
	5c.	Voluntary contributions for retire	-		C.	\$	(0.00	\$		N/A	_
	5d.		ent fund loans		d.	\$_		0.00	\$_		N/A	_
	5e. 5f.	Insurance Domestic support obligations			e.	\$_ \$		0.00	\$_		N/A	_
	5g.	Union dues		51 59		* *		0.00 0.00	\$_ \$		N/A N/A	_
	5h.	Other deductions. Specify:			у. h.+	· · · ·		0.00	+ \$		N/A	_
6.	Add	d the payroll deductions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$		0.00	\$		N/A	_
7.		culate total monthly take-home pay	ŭ	7.		\$ \$	2,20		* — \$		N/A	_
8.		t all other income regularly received Net income from rental property profession, or farm Attach a statement for each proper receipts, ordinary and necessary by	I: and from operating a business, ty and business showing gross			· —			· <u> </u>			_
	0.1	monthly net income.			a.	\$_		0.00	\$_		N/A	_
	8b. 8c.		ou, a non-filing spouse, or a dependent		b.	\$_	(0.00	\$_		N/A	<u>-</u>
	8d. 8e. 8f.	regularly receive Include alimony, spousal support, of settlement, and property settlement Unemployment compensation Social Security Other government assistance the Include cash assistance and the variance	child support, maintenance, divorce t. at you regularly receive assistance on the company of any non-cash assistance on the composition of the supplemental	80 80	c. d. e.	\$_ \$_ \$_	(0.00 0.00 0.00	\$_ \$_ \$_		N/A N/A N/A	_
		Specify:	Justing Substities.	81	f.	\$		0.00	\$		N/A	
	8g.	Pension or retirement income		— 8	g.	\$_		0.00	\$_		N/A	_
	8h.	Other monthly income. Specify:	income contribution from Donna Kirka	81	h.+	\$_	1,80	0.00	+ \$_		N/A	- - -
9.	Add	d all other income. Add lines 8a+8b-	-8c+8d+8e+8f+8g+8h.	9.		\$	1,80	0.00	\$_		N/A	A
10.	Cal	culate monthly income. Add line 7	- line 9.	10.	\$		4,000.00	+ \$		N/A	= \$	4,000.00
		d the entries in line 10 for Debtor 1 and			Ŀ		-,				l L'	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	Incl othe Do	ude contributions from an unmarried per friends or relatives.	the expenses that you list in Schedule partner, members of your household, your ded in lines 2-10 or amounts that are not	dep			•				e J. +\$	0.00
12.	Writ		ine 10 to the amount in line 11. The res hedules and Statistical Summary of Certa							e. 12.	\$	4,000.00
40				•							Combi month	ned ly income
13.	Do ; ■	No. Yes. Explain:	e within the year after you file this form									

Official Form 106l Schedule I: Your Income page 2

Fill in this information to identify your case:													
Debtor 1 Keith E Young		Check if this is:											
		An amended fil	ling										
Debtor 2		☐ A supplement showing postpetition chapter											
(Spouse, if filing)		13 expenses a	s of the following date:										
United States Bankruptcy Court for the: _EASTERN DISTRICT OF PENNSYL\	/ANIA	MM / DD / YYY	Y										
Case number (If known)													
Official Form 106J													
Schedule J: Your Expenses			12/1										
Be as complete and accurate as possible. If two married people are fil information. If more space is needed, attach another sheet to this formumber (if known). Answer every question.													
Part 1: Describe Your Household 1. Is this a joint case?													
■ No. Go to line 2.													
Yes. Does Debtor 2 live in a separate household?													
☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses for</i>	Separate Household of	Debtor 2.											
2. Do you have dependents? ■ No													
	Dependent's relationship to Debtor 1 or Debtor 2	to Dependent's age	s Does dependent live with you?										
Do not state the			□ No										
dependents names.			Pes										
			□ No □ Yes										
-			□ No										
_			Yes										
			□ No										
3. Do your expenses include			Pes										
expenses of people other than yourself and your dependents?													
Part 2: Estimate Your Ongoing Monthly Expenses													
Estimate your expenses as of your bankruptcy filing date unless you expenses as of a date after the bankruptcy is filed. If this is a supplem applicable date.													
Include expenses paid for with non-cash government assistance if yo the value of such assistance and have included it on <i>Schedule I: Your</i>		Your	expenses										
(Official Form 106I.)		Tour	САРСПЗСЗ										
4. The rental or home ownership expenses for your residence. Inclupayments and any rent for the ground or lot.	ide first mortgage	4. \$	0.00										
If not included in line 4:													
4a. Real estate taxes	4	a. \$	291.66										
4b. Property, homeowner's, or renter's insurance		b. \$	100.00										
4c. Home maintenance, repair, and upkeep expenses		c. \$	100.00										
4d. Homeowner's association or condominium dues5. Additional mortgage payments for your residence, such as home		d. \$ 5. \$	0.00										

Debtor 1	Keith E Young	Case num	ber (if known)	20-10594
6. Utili	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	300.00
6b.	Water, sewer, garbage collection	6b.	\$	60.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	160.00
6d.	Other. Specify:	6d.	*	0.00
	d and housekeeping supplies	7.	\$	
			*	750.00
_	dcare and children's education costs	8.	\$	0.00
	hing, laundry, and dry cleaning	9.	\$	130.00
	sonal care products and services	10.	·	160.00
	ical and dental expenses	11.	\$	200.00
	nsportation. Include gas, maintenance, bus or train fare.	40	•	200.00
	ot include car payments.	12.	·	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
4. Cha	ritable contributions and religious donations	14.	\$	0.00
5. Insu	rance.			
Do n	not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	125.00
15d.	Other insurance. Specify:	15d.		0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		·	
Spe		16.	\$	0.00
	allment or lease payments:		·	
	Car payments for Vehicle 1	17a.	\$	371.00
	Car payments for Vehicle 2	17b.	·	0.00
		176. 17c.	· <u> </u>	
	Other. Specify:		*	0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as		\$	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.	·	
	er payments you make to support others who do not live with you.		\$	0.00
Spec	·	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Scho			
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
1 Othe	er: Specify:		+\$	0.00
•			- Ψ	0.00
2. Calc	culate your monthly expenses			
22a.	Add lines 4 through 21.		\$	2,947.66
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
			\$	2 047 66
220.	Add line 22a and 22b. The result is your monthly expenses.		Ψ	2,947.66
3. Calc	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,000.00
	Copy your monthly expenses from line 22c above.	23b.	·	2,947.66
200.	Sopy your monthly expenses from the ZZO above.	200.		2,341.00
230	Subtract your monthly expenses from your monthly income.			
230.	The result is your <i>monthly net income</i> .	23c.	\$	1,052.34
	The result is your <i>monthly het income</i> .	200.		-,
24 Do.	you expect an increase or decrease in your expenses within the year after you	ou file this	form?	
	example, do you expect to finish paying for your car loan within the year or do you expect you			ease or decrease because of a
	fication to the terms of your mortgage?	mongage		ass of accidace because of a
■ N				
\square Y	es. Explain here:			